	PATENT APPLICATION FEE DETERMINATION RECORD Effective COUNTY, 2003 09/889473												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E		OR		THAN.	
TOTALCLAIMS								RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	335	OR	BASIC FEE	3770	
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ *]-		OR	X\$I&=	,	
INDEPENDENT CLAIMS			minus 3 =		*			x43=	1	OR	×8b=		ĺ
М	ALTIPLE DEPE	REȘENT		•			+145=	1	1	+290-			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	 	OR	TOTAL			
CI AIMS AS AMENDED - PART II									ــــــــــــــــــــــــــــــــــــــ	OR	OTHER	THAN	i .
(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL			
AMENDMENTA		CLAIMS REMAINING AFTER TAMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	. 43	Minus	4	3	- /		X\$9=	1	OR	xs(8=	٠. ;	
1	propendent	. 8	Minus	- 444	8_	- /		.X\Z₌	1	OR	126	1	
	FIRST PRESI	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM			+45=	1/	OR	-\$#0-=	/	
	المحاني.	•		•				TOTAL			TOTAL	/	
	9/211-1	(Column 1)		(Colum	าก 2)	(Column 3)	•	ADDIT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž Ž	Total	. 45	Minus	· 4.	3	• .2	ŀ	x19-		OR	x8 8=	360	PL
AME	Independent	10	Minus	···· · §	·	- 2		X13=		OR	×86=	1200	
Ľ	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM	<u>. : [] : :</u>		+145=		OR	390=		
			•					TOTAL			· TOTAL	· · · · ·	
5	2-06	(Column 1)	• • •	(Colum		(Column 3)	4	ADDIT. FEE			ADDIT: FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
DME	Total	• 48	Minus	** 4	7	- f	ł	xed/a	FEE -		× ₹ \$€)	FEE.	na
ME	Independent	• 1	euniM	· / /	A .	=	ł	value 1		OR	_X8(=_	12 B	Pos
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								65/2		ÐR-	~^@ -		
+/** OR 300													
* If the entry in column 1 is tess lihan the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT. FEE												50	
i	he Highest Num	ber Previously Paid	For (Total or	Independer	n) is the	highest number	r lou	nd in the ap	propriate bo	in cot	ստում.		

Application or Docket Number